SPCM STAFF EXPENSES REIMBURSEMENT

CLAIMANT DETAILS (Please complete in Block Capitals)

Name	
Department	
Staff Number	
Ext Number	
Home Address	
Email Address	

Claimant:
By signing I certify that the expenditure has been claimed in accordance with the College Financial Policies and Procedures. I confirm that the College is indemnified against all claims associated with my use of private transport on university business.

Signature _____ **Date** _____

Authorising Officer:
I certify that I am satisfied that this claim for reimbursement of expenses is properly due in accordance with the terms of the University Financial Policies & Procedures Manual.

Name: _____
BLOCK CAPITALS

Signature _____ **Date** _____

MILEAGE (PLEASE COMPLETE IN KILOMETERS ONLY) (Please insert extra rows if required)

		Purpose of Travel	Departure Date	From	To	Km @ Std Rate	Km @ Red'd Rate	€ Amount
TOTAL (A)								

TRAVEL/SUBSISTENCE/HOSPITALITY/OTHER EXPENDITURE (Please attach original receipts / If entertainment is being claimed then all people in attendance must be listed) (Please insert extra rows if required)

		University Business Purpose	Date	Details of Expenditure / Location of Hospitality	Foreign Currency	Exchange Rate	€ Amount
TOTAL (B)							

SALARIES OFFICE USE ONLY			Initial
As PPI – No.		**Receipts Checked**	
Through Payroll - Mth		**Calculations Checked**	
		Valid Authorising Signature	

TOTAL (A+B)	